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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Patent Application of | MAIL STOP AMENDMENT | | | | | |
|--|------------------------------|--|--|--|--|--|
| Takashi Yamamoto et al. | Group Art Unit: 3763 | | | | | |
| Application No.: 10/809,497 | Examiner: LAURA A. BOUCHELLE | | | | | |
| Filing Date: March 26, 2004 | Confirmation No.: 7869 | | | | | |
| Title: CATHETER WITH PUNCTURE SENSOR |)))) | | | | | |
| AMENDMENT/REPLY TRANSMITTAL LETTER | | | | | | |
| Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | |

Sir: Enclosed is a reply for the above-identified patent application. П A Petition for Extension of Time is enclosed. Terminal Disclaimer(s) and the \$\infty\$ \$65 \$\infty\$ \$130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed. Also enclosed is/are: Small entity status is hereby claimed. Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\Bigcup \$ 395 \$\Bigcup \$ 790 fee due under 37 C.F.R. \ \ 1.17(e). Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above. _____ on _____ for which Applicant(s) previously submitted ___ continued examination is requested. Applicant(s) requests suspension of action by the Office until at least , which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

Amendment/Reply Transmittal Letter Application No. 10/809,497 Attorney's Docket No. 1011350-000334 Page 2

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| \boxtimes | No additional c | laim fee is | required. | | | | |
|---|--|------------------|--|-----------------|-----------------|---------|---------|
| | An additional cl | laim fee is i | required, and is | calculated | as shown below: | | |
| | | | AMENDE | D CLAIMS | | | |
| | | No. of Claims | Highest No. of Claims Previously Paid For | Extra Claims | Rate | Additio | nal Fee |
| Total (| Claims | 15 | 20 | 0 | x \$ 50 (1202) | \$ | (|
| Independent Claims 3 | | 3 | 0 | x \$ 200 (1201) | | (| |
| ☐ If A | ☐ If Amendment adds multiple dependent claims, add \$ 360 (1203) \$ | | | | | | (|
| Total | Total Claim Amendment Fee \$ | | | | | | (|
| Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee | | | | | | (| |
| TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT \$ | | | | | | (| |
| | Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of is enclosed for the fee due. Charge to credit card for the fee due. Form PTO-2038 is attached. | | | | | | |
| \boxtimes | The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate. | | | | | | |
| | | | Respectfully | / submitted | 1, | | |
| | | | Buchanan I | NGERSOLL | & ROONEY PC | | |
| Date | By: Method L. Schneider Registration No. 32814 | | | | | | |

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620



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| Application No.: 10/809,497 | Examiner: Laura A Bouchelle | | |
| Filed: March 26, 2004 |) Confirmation No.: 7869 | | |
| For: CATHETER WITH PUNCTURE SENSOR |)) | | |

SUPPLEMENTAL AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

As a supplement to Amendment filed on December 20, 2006, please amend the above-identified patent application as follows.

IFW